POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ļ		
O.I.P.E. CLASSIFIER		<u> </u>	
FORMALITY REVIEW	KQ	4/477	7/24/00
RESPONSE FORMALITY REVIEW	WN	67479	11.100

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

- (Through numeral) Canceled A							
Claim	Date	Claim /	Date	Claim	Date		
Final Original		Final		Final Original			
11171		51 V		101			
3 11 1		53		103	╅┼┼┼┼		
4//		54		104			
5		55		105			
6 7	++++	56	 	106	 		
8 1		58		108	- - - - - - -		
9		59		109			
10		60		110	┤┤┤┤╏ ┪		
12		62	 	112			
13		63		113	 		
14		64		114			
15 / / -		65		115			
17		67		117	┤╏╏┪┪		
18		68		118	 		
19		69		119			
20		70		120			
21		71 72		121	┤┤╎╎ ╟┿┿┪		
23		73		123			
24		74		124			
25		75		125			
26 7	++++	76		126	┤┤┤┤		
28		78		128			
29		79		129			
30 /		80		130	┤┤╎┤┤ ┼┼		
32		82		132	┤╴┤╶┤╶ ┤╶┤		
33		83		133			
34		84		134			
35		85		135 136	┼╎┤┤		
37		87		137	 		
38		88		138			
39		89 7		139	╀┼┼┼┼┼		
40	 	90		140	┦┦┩╏		
41 42	 	92		142	╅╇┼┼┼┼┼		
43		93		143			
44		94		144	┪		
45		95		145	┼┼┼┼┼┤		
46		96	 	147	 		
48		98		148			
49		99		149	 		
50 🖍		100		150			

If more than 150 claims or 10 actions staple additional sheet here